

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155240		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/16/2011	
NAME OF PROVIDER OR SUPPLIER LYONS HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE CR 800 WEST LYONS, IN47443			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00094549.</p> <p>This visit was in conjunction with the PSR [Post Survey Revisit] to the Recertification and State Licensure Survey completed on 06/29/11.</p> <p>Complaint IN00094549 - Substantiated. Federal/State deficiency related to the allegation is cited at F-323.</p> <p>Survey date: 08/16/11</p> <p>Facility number: 000144 Provider number: 155240 AIM number: 100266760</p> <p>Survey team: Sharon Whiteman RN</p> <p>Census bed type: SNF/NF: 49 Total: 49</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=D	<p>Census payor type:</p> <p>Medicare: 04</p> <p>Medicaid: 40</p> <p>Other: 05</p> <p>Total: 49</p> <p>Sample: 03</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 8/18/11 by Suzanne Williams, RN</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review the facility failed to ensure safety interventions were provided for 1 of 3 dependent residents reviewed for transfers in the sample of 3. (Resident A)</p> <p>Findings Include:</p> <p>Review of Resident A's closed clinical record on 08/16/11 at 10:00 a.m. indicated the following:</p> <p>Resident A had diagnoses which included but were not limited to, dementia</p>			F0323	<p>This plan of correction is to serve as Lyons Health and Living Community's credible allegation of compliance.</p> <p>Submission of this plan of correction does not constitute an admission by Lyons Health and Living Community or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p> <p>F323</p>		09/01/2011

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	<p>Alzheimer type, legally blind.</p> <p>A quarterly MDS [Minimum Data Set] assessment, dated 07/12/11, indicated Resident A was severely cognitively impaired, required extensive assistance of staff for bed mobility, and was totally dependent on staff for transfers.</p> <p>A care plan, dated 07/25/11, indicated, "Resident has laceration to head...Do not place any furniture beside bed...Handle resident with care during direct care...Monitor and record any complaints of pain (location, duration, quantity, quality, alleviating factors, aggravating factors)...Nurse to observe all transfers and T&R [turn and repositioning]."</p> <p>A treatment record for July, 2011 indicated, "Nurses to observe all transfers et [and] T&R [turn and reposition]." The treatment record also indicated Resident A was to have a high/low bed for stability. These interventions were dated 07/25/11.</p> <p>A nurse's note, dated 07/19/11 at 2:20 p.m. indicated, "@ [At] 06:30 (a.m.) CNA call [sic] this nurse to come to res room, noted sm [small] contusion c [with] laceration on top of head, scant bleeding. 0 [No] S/S [signs or symptoms] pain. this nurse cleaned, [sic] bleeding stopped. Neuro checks started. V/S [Vital signs]</p>				<p>HAZARDS/SUPERVISION/DEVICES</p> <p>I. Resident A no longer resides at the facility</p> <p>II. All residents that require extensive assist to total dependence for bed mobility have been identified and reviewed for safety interventions. All interventions have been put in place per the plan of care</p> <p>III. The systemic change includes:</p> <ul style="list-style-type: none"> All beds that have non-automatic locking brakes and are in proper working order will be used or antiroll discs placed under all 4 wheels. New admissions that require extensive to total assist for bed mobility will be reviewed at the daily clinical meeting (Monday through Friday) for appropriate safety interventions. Residents with a change in condition making them extensive assist to total dependence for bed mobility will be reviewed at the daily clinical meeting (Monday through Friday) for appropriate safety interventions. All accidents/incidents will be reviewed daily (Monday through Friday) at the daily clinical meeting for appropriate safety interventions and weekly at the facility's At Risk 		

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	<p>97.8 - 67 - 19 - 164/84. Alert, PERL [pupils equal and reactive to light], 0 S/S distress or pain. CNAs reported while they were attempting to turn res to (L) [left] side to place pad (under) him whole [sic] bed skidded to (L) resulting in res bumping head on BS [bedside] cabinet. This nurse notified [name of family member], & on call nurse, & [name of physician]. 0 N.O. [new orders] rec [received]. As intervention put rubber 0 skid coaster (under) legs of bed & padded edge of cabinet next to bed."</p> <p>A nurse's note, dated 07/25/11 at 12:00 p.m., indicated, "Bruise to mid forehead measures 4.0 (centimeters) x [by] 3.0 (centimeters). 0 swelling, pain or redness noted upon assessment. Barely visible. Laceration to mid forehead measures 1.2 x 0.1 x 0.1. 0 S/S of pain. 0 bleeding, edges well approx [approximated]. Dry scab present. Bed (without) any furniture around it. Will (change) bed to very stationary bed...." The resident's bed was changed to a high/low bed.</p> <p>Interview of DON [Director of Nursing] on 08/16/11 at 12:10 p.m. indicated after the accident, an intervention was implemented for a nurse to always be present when the resident was repositioned. The DON indicated prior to the accident, a nurse was always to be</p>				<p>meeting for effectiveness of the new interventions.</p> <p>Education will be provided to all staff regarding:</p> <ul style="list-style-type: none"> Bed safety regarding the use of bed brakes or antiroll discs under the wheels to prevent sliding of the bed. Review of new admissions and residents with change of condition for appropriate safety interventions regarding bed mobility. Review and addition of new intervention after an incident/accident involving bed mobility. <p>IV.</p> <p>DON and/or designee will complete audits of bed safety regarding bed brakes or antiroll discs, new admissions and residents with change of condition daily, Monday – Friday x 4 weeks, then 3 times week x 4 weeks then weekly x 4 weeks then monthly audits for a total of 12 months.</p> <p>Any identified concerns will be addressed immediately. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting and frequency and duration of reviews will be adjusted as</p>		

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	<p>present during transfers, but not positioning. The DON indicated that the bed "just rolled." The DON indicated the laceration was too small for a bandage or steri-strip. The DON indicated the laceration just scabbed over and the bruise on the resident's head was barely visible and there was no swelling.</p> <p>This Federal/State tag relates to Complaint IN00094549.</p> <p>3.1-45(a)(2)</p>				<p>needed. Completion date: 9/1/11</p>		